

Fill in this information to identify your case:

| | | |
|--|-------------|-----------|
| Hazel Williamson | | |
| Debtor 1 First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Eastern District of Pennsylvania | | |
| Case number (If known) <u>21-13079</u> | | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

12/15

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------------|---|--|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | Caregiver | |
| Employer's name | We Care Senior Services, Inc. | |
| Employer's address | DBA Comforcare Senior Service Number Street 111 N. Olive Street | |
| | City | State ZIP Code |
| | Media, PA 19063 | |
| How long employed there? | 3 years | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|---|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>1,338.20</u> | \$ _____ |
| 3. Estimate and list monthly overtime pay. | 3. + \$ <u>0.00</u> | + \$ _____ |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>1,338.20</u> | \$ _____ |

